

The State of Infant and
Toddler Care in the District of Columbia:
Baseline Quality Study and
Workforce Survey Executive Summary



Great Start DC

*Every child.
Every family.
Every community.*

Great Start DC

The mission of Great Start DC (formerly Pre-K for All DC) is to build public knowledge, public will and public action in support of a high-quality early care and education system for all children, from birth to age five. Our vision is that the District of Columbia will become recognized as a national model for an early care and education system, through which all children receive a great start in school and in life.

Great Start DC publishes economic analysis, research and public policy reports that illustrate the benefits of high-quality early care and education for the District of Columbia—and that connect an informed, engaged public with opportunities to take action on behalf of young children.

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Overview: High-Quality Care and Education for Infants and Toddlers

If the District of Columbia is to become a world-class city, it must ensure that it offers a world-class educational system that prepares every child, in every community for a great start in life. Over the past decade, there has been much focus on school readiness and the role of Pre-K and Kindergarten in setting the foundation for a child's success in school. Recent research points to the need to prepare children even earlier—a realization that school readiness begins in infancy and that birth-to-three years are critical for growth and development. The quality of care and education provided in those decisive early years establishes a child's social and cognitive trajectory for the rest of his or her life.

Quality infant and toddler care is marked by lower caregiver-to-child ratios; small group sizes; continuity of care; compassionate caregivers; safe, clean, and stimulating environments; and cultural and linguistic continuity¹.

Research also suggests that qualified, well-compensated teachers are the cornerstone of quality programs. Teachers need specialized knowledge and skills and require high-quality preparation and support including education, mentoring, training and ongoing professional development.

Unfortunately, high-quality infant and toddler care has not been the standard of care within the District of Columbia, especially in programs serving our youngest children. This results in the beginning of an experience and achievement gap that is evident long before school entry. It continues throughout the primary grades and results in low student performance, high retention rates, high special education referrals and high dropout rates.

High-quality infant and toddler programs cannot be accomplished without a well prepared infant and toddler workforce. Therefore, Great Start DC, Universal School Readiness Stakeholders Group, DC AEYC, the Directors' Exchange, Fight for Children and WACC are working together to ensure the successful implementation of the Pre-K Enhancement and Expansion Act of 2008 and to expand high quality infant and toddler services throughout the District of Columbia. To that end, during the fall of 2010, Great Start DC commissioned the Howard University Center for Urban Progress to conduct two research studies: 1) a baseline quality study of 113 community-based infant and toddler programs to measure the quality of infant toddler programming within the District of Columbia; and 2) a workforce development survey administered to 216 community-based infant and toddler programs to gather information on the educational preparation, longevity, wages, compensation, race, ethnicity, gender and other demographic information regarding the current workforce.

¹ National Institute of Child Health and Human Development, 1996; Lally, Griffin, Fenichel, Segal, Szanton, & Weissbourd, 2003.

Baseline Quality Study Methodology

At the core of the Baseline Quality Study were observations by researchers and a brief interview with classroom staff at 113 sites across the District of Columbia—a proportionally representative sample. The community-based programs in this study included licensed faith-based, private for-profit, private non-profit, federal and subsidized birth-to-three programs within all eight Wards in the District of Columbia.

On the scheduled observation date, a trained researcher visited the site and conducted the observation using the Infant/Toddler Environment Rating Scale, Revised Edition (ITERS-R) instrument. ITERS-R is an observation instrument designed to assess center-based child care programs with infants and toddlers up to 30 months of age. It measures spatial, programmatic and interpersonal features of the program environment in the classroom.

Scores were given to the following areas: *Space and Furnishings*; *Interaction*; *Personal Care Routines*; *Program Structure*; *Listening and Talking*; *Parents and Staff*; and *Activities*. Each classroom was scored on a scale of 17, scaled as follows: 1- Inadequate; 3-Minimal; 5-Good; and 7-Excellent. Findings were disaggregated by Ward (1 to 8), tier (sites receiving subsidy funding vs. private sites) and special category (sites identified as having English language learners, children with special needs, and Early Head Start programs).

One limitation to the Baseline Quality Study is that a few classroom sites declined participation due to scheduling or staffing issues. Those sites were replaced by sites that best met the sampling criteria. It should be noted that the final list of sites involved in the Baseline Quality Study was different from the original list of proportionally selected sites.

Figure 1: ITERS-R Categories Snapshot

<p><i>Space & Furnishings:</i> Indoor play space; gross motor skills space and equipment; room arrangement; and space for privacy.</p> <p><i>Interaction:</i> Supervision of play and learning; peer interaction; and staff-child interaction.</p> <p><i>Personal Care Routines:</i> Diapering and toileting; naps; and preparing meals and snacks.</p> <p><i>Program Structure:</i> Schedule; individual and group play; and provisions for children with disabilities.</p> <p><i>Listening & Talking:</i> Staff-child communication; reading and looking at pictures; and using language to help with reasoning.</p> <p><i>Parents & Staff:</i> Making provisions for parents and for personal needs of staff; staff interaction and cooperation; and staff continuity.</p> <p><i>Activities:</i> Art, music, movement, blocks, number games and physical play; and acceptance of diversity.</p>

Baseline Quality Study Key Findings

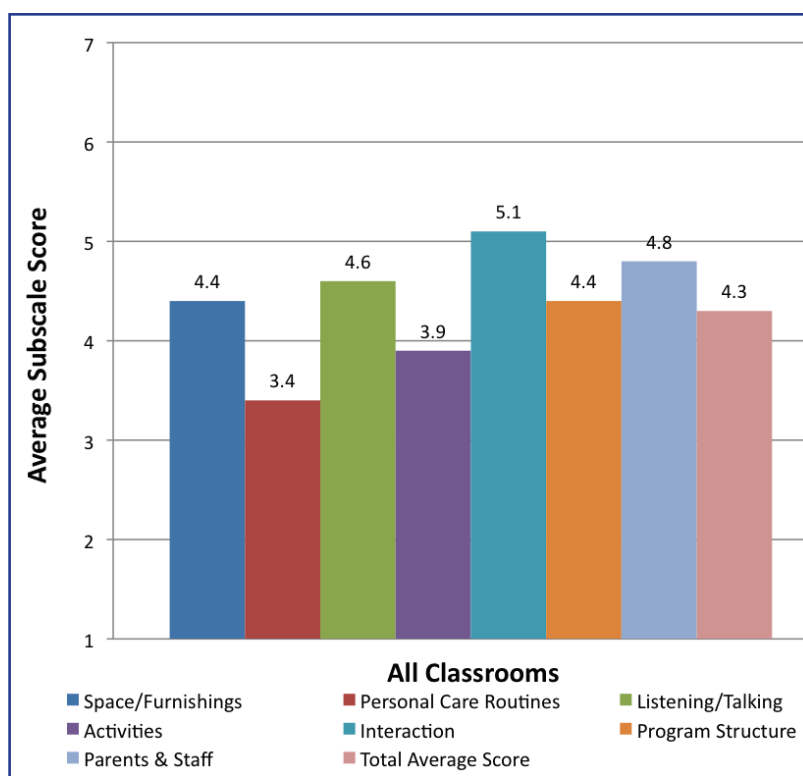
- Infant/toddler classrooms in the District of Columbia averaged a score of 4.3 on ITERS-R, meaning that our children receive “minimal” early care or “custodial care with some small degree of basic developmental care.”
- Across the 113 classrooms observed, *Interaction* was the only category that achieved a “good” average score (5.1 out of 7). In essence this means that children are receiving adequate supervision and staff members interact with each other and the infants and toddlers.
- The *Activities* category had an average score of 3.9, meaning many classrooms simply lack materials—such as building blocks, music, numbers, games, technology and gross motor equipment to allow children to develop their fine motor and gross motor skills. .
- *Personal Care Routines*, including toileting, diapering, nap time and provisions for meals and snacks, are not handled hygienically in most classrooms. Ward 7 is of special concern where an average ranking of 2.8 puts Personal Care Routines between “inadequate” and “minimal.”
- Quality infant and toddler early care and education vary by Ward. Ward 3 had the highest average subscale score and Ward 7 had the lowest average subscale score.
- Of English Language Learners, Special Needs and Early Head Start sites, Early Head Start ranked the highest in quality care with an average score of 5.0.

Quality of Care

Infants and toddlers of the District of Columbia are receiving minimal early care and education in the District of Columbia. Using the ITERS-R scale ranking of 17, as follows: 1- Inadequate; 3-Minimal; 5-Good; and 7-Excellent, the average score across 113 classrooms was 4.3. Subscores in the ITERS-R categories ranked were largely “minimal to good.” *Parents and Staff* scored 4.8 out of 7; *Listening and Talking* scored 4.6 out of 7; and *Space and Furnishings* and *Program Structure* each scored 4.4 out of 7.

Classrooms ranked minimally on *Activities* (3.9 out of 7) and *Personal Care Routines* (3.4 out of 7). Researchers noted that provisions for active physical play, art, music and movement, science and nature, blocks and technology were not widely available in the classrooms for developing children’s motor skills. For the *Personal Care Routines* subscale, meals and snacks, nap time, diapering and toileting, and other health practices were not generally hygienically maintained in the classrooms.

Sites scored well in the category of *Interaction*, making it the only “good score” across the board. Interaction includes supervision of play and learning, peer interaction and staff-child interaction. Subscale scores across all 113 classrooms were 5.1 out of 7.



SCORES: Scores for each subscale range from 1-7 with 1-Inadequate; 3-Minimal; 5-Good; & 7-Excellent

N=113

The quality of infant and toddler early care and education in lower income Wards is disproportionately low compared to Wards with higher incomes. For example, Ward 3, which has a population that is 84% non-Hispanic White with 7.7% living below the poverty rate, scored the highest out of all Wards on ITES-R at 5.7. Ward 7, whose population is 96% black with 26% living below the poverty rate scored the lowest and had the lowest average subscale score of 3.8.

Average Subscale Scores by Ward

WARD	AVERAGE SUBSCALE SCORES							TOTAL SCORE
	Space & Furnishings	Personal Care Routines	Listening & Talking	Activities	Interaction	Program Structure	Parent & Staff	
1	4.6	4.0	5.1	4.6	5.5	5.5	5.2	4.9
2	4.7	3.5	4.7	3.9	5.3	4.4	5.3	4.5
3	4.8	4.3	5.8	4.5	6.5	5.5	5.7	5.7
4	4.5	3.1	4.5	3.8	4.6	3.6	4.4	4.1
5	4.0	2.9	4.7	3.4	4.2	3.9	4.6	3.9
6	4.5	3.5	4.7	4.4	5.3	4.8	4.7	4.5
7	3.9	2.8	3.8	3.7	4.5	4.0	4.2	3.8
8	4.1	3.3	4.1	3.6	5.4	4.1	4.6	4.1
ALL ITES-R SITES	4.4	3.4	4.6	3.9	5.1	4.4	4.8	4.3

SCORES: Scores for each subscale range from 1-7 with 1-Inadequate; 3-Minimal; 5-Good; & 7-Excellent

English Language Learners, Special Needs, and Early Head Start classrooms were in the “minimal to good quality” range with Early Head Start achieving several subscores in the plus-5 range. The highest subscale scores for all three categories were *Interaction* and *Listening and Talking*. Early Head Start also had “good quality” average scores for *Program Structure* and *Parents and Staff*. *Personal Care Routines* were in the lowest range for all three categories.

ITES-R Average Subscale and Total Scores by Category

CATEGORY	AVERAGE SUBSCALE SCORES							TOTAL SCORE
	Space & Furnishings	Personal Care	Listening & Talking	Activities	Interaction	Program Structure	Parents & Staff	
English Language Learners	4.4	3.6	5.1	4.0	5.2	4.7	4.8	4.5
Special Needs	4.7	3.7	5.4	4.4	5.6	4.8	5.2	4.8
Early Head Start	5.1	3.9	5.8	4.6	5.8	5.6	5.5	5.0
ALL ITES-R SITES	4.4	3.4	4.6	3.9	5.1	4.4	4.8	4.3

SCORES: Scores for each subscale range from 1-7 with 1-Inadequate; 3-Minimal; 5-Good; & 7-Excellent

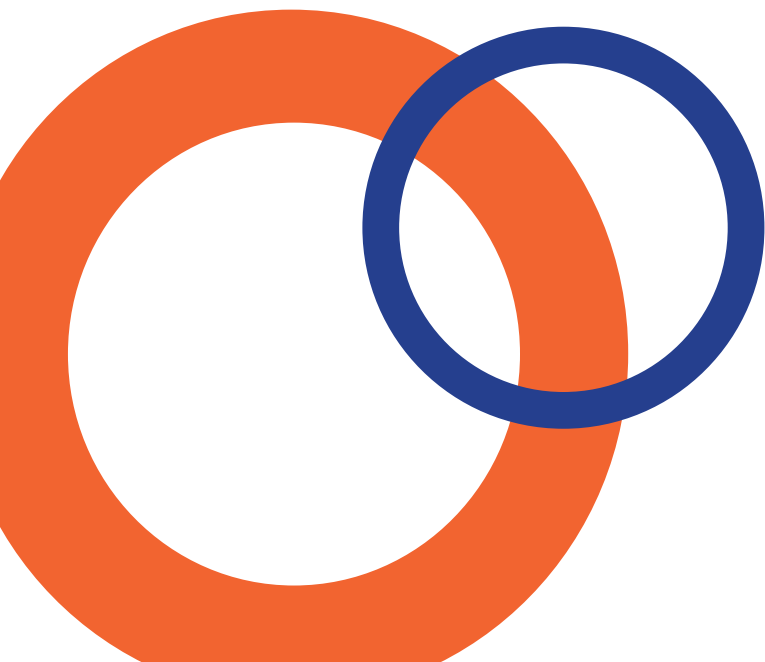
Workforce Survey Methodology

To conduct the Great Start DC Infant and Toddler Workforce Development Survey researchers used the web-based tool, Survey Monkey to collect information from 216 community-based programs throughout the District of Columbia. Program administrators including executive directors, program directors, and center directors, were asked to provide information on their staff related to demographics, education credentials, salary and benefits received. A total of 194 surveys were emailed and 22 were mailed to programs with no email addresses. Respondents were given one week to complete the web-based survey and five follow-up telephone calls were made to centers that had not returned the completed survey. There response rate was 67%.

It should be noted that many survey respondents opted not to include answers to questions about annual salaries. Additionally, the study population predominantly comprised African American women, meaning that its findings may not be applicable to other groups (i.e., race/ethnicity, gender).

Workforce Survey Key Findings

- Education and credentials vary by classroom position with the highest level of education most often reported being a bachelor's degree. The majority of staff members majored in areas other than early childhood development.
- Administrators report that staff working in their infant and toddler programs is paid a range of \$10 to \$24 an hour.
- The most frequently reported benefit for full-time employees was paid vacation and sick leave, followed by health insurance; yet many full-time and part-time employees receive none of these benefits.
- The majority of the lead teachers, assistant teachers, and other teaching staff were reported to be females ages 25–40, while a majority of directors were reported to be females ages 41–55.
- The majority of staff teaching infants and toddlers in the District is African American.



Teacher Credentials and Degrees

Education and credentials vary by classroom position, with the highest level of education most often reported being a bachelor's degree and the majority of staff majoring in an area other than early childhood development. The survey shows that 35% of directors and 30% of other teaching staff members hold bachelor's degrees. For 52% of the lead teachers and 47% of the assistant teachers, a Child Development Associate (CDA) credential was the highest education credential attained. Administrators reported that 67% of directors, 89% of lead teachers, 97% of assistant teachers and 94% of other teaching staff hold degrees in fields outside early childhood education.

Degrees, credentials and early childhood education concentration

STAFF POSITION	n	HIGHEST EDUCATION CREDENTIALS							
		HS Diploma or GED % (n)	CDA % (n)	Associate's Degree % (n)	Bachelor's Degree % (n)	Master's Degree % (n)	Doctoral Degree % (n)	MAJORED IN EARLY CHILDHOOD EDUCATION (ECE) % (n)	
								Yes	No
Director	157	00(00)	08(09)	33(41)	35(58)	23(44)	02(05)	33(54) 68.2(113)	67(107)
								n=161	
Lead Teacher	411	00(00)	52(210)	17(71)	21(91)	10(38)	00(01)	11(49) 88.55(374)	89(369)
								n=418	
Assistant Teacher	407	42(172)	47(188)	03(14)	07(28)	01(05)	00(00)	03(10)	97(401)
								n=411	
Other Teaching Staff	147	29(43)	28(41)	08(12)	30(44)	05(07)	00(00)	06(09)	94(137)
								n=146	

Note: Row percentages may not sum to 100 due to rounding

Teacher Compensation

Administrators report that staff members working in their infant and toddler programs are paid a range of \$10 to \$24 an hour. Lead teachers with a bachelor's degree make less than \$38,000 a year and lead teachers with a CDA earn less than \$28,000 a year.

Hourly and Annual Salaries Reported by Administrators for Infant/Toddler Staff by Position

STAFF POSITION	N		SALARY	
	Hourly	Annual	Hourly Mean (Median) \$	Annual Mean (Median) \$
Director	51	76	20 (19)	46,722 (45,000)
Director/Teacher	09	09	13 (13)	28,235 (27,450)
Lead Teacher w/CDA	89	55	13 (12)	27,498 (27,500)
Lead Teacher w/Associate's Degree	33	25	13 (14)	30,999 (28,500)
Lead Teacher w/Bachelor's Degree or Higher	37	38	14 (14)	37,657 (37,000)
Assistant Teacher	174	78	10 (9)	22,535 (22,378)
Other Teaching Staff	54	26	24 (12)	23,783 (24,570)

The most frequently reported benefit for full-time employees was paid vacation and sick leave followed by health insurance; yet many full-time and part-time employees receive none of these benefits. The highest percentage of benefits reported for full-time program staff was paid vacation (77%) and paid sick leave (71%). Similarly, administrators reported that the highest percentage of benefits for part-time staff was paid sick leave (25%) and paid vacation (23%). About 14% of full-time staff and 28% of part-time staff had no insurance.

Number and Percentage of Full-Time and Part-Time Program Staff Receiving Benefits

BENEFITS	Full-Time (FT) Program Staff (n=134) %(n)		Part-Time (PT) Program Staff (n=134) %(n)	
	Yes	No	Yes	No
Health Insurance	62(83)	38(51)	15(20)	85(114)
Retirement Plan	43(58)	57(76)	11(15)	89(119)
Dental Insurance	50(67)	50(67)	09(12)	91(122)
Optical Insurance	36(48)	64(86)	06(08)	94(126)
Life Insurance	43(58)	57(76)	12(16)	88(118)
Paid Vacation	77(103)	23(31)	23(31)	77(103)
Paid Sick Leave	71(95)	29(39)	25(33)	75(101)
Disability Plan	41(55)	59(79)	08(33)	92(124)
Other Benefits	35(47)	65(87)	13(17)	87(117)
No Insurance	14(19)	86(115)	28(38)	72(96)

Demographics

The majority of the lead teachers, assistant teachers, and other teaching staff were reported to be females in the 25–40 age range while a majority of directors were reported to be females in the 41–55 age range. Administrators reported that 95 % of directors, 98% of lead teachers, 95% of assistant teachers and 93% of other teaching staff were female.

Number and Percentage of Infant/Toddler Staff by Gender

STAFF POSITION	n	GENDER	
		Male % (n)	Female % (n)
Director	163	05(05)	95(158)
Lead Teacher	415	02(08)	98(407)
Assistant Teacher	395	05(18)	95(377)
Other Teaching Staff	152	07(12)	93(140)

Note: Row percentages may not sum to 100 due to rounding

Number and Percentage of Staff by Age Category

STAFF POSITION	n	AGE CATEGORY				
		Under 25 % (n)	25-40 % (n)	41-55 % (n)	56-65 % (n)	Over 65 % (n)
Director	160	02(02)	36(46)	37(69)	20(38)	05(05)
Lead Teacher	398	07(28)	57(226)	28(110)	08(32)	02(02)
Assistant Teacher	384	20(80)	53(199)	19(73)	07(26)	02(06)
Other Teaching Staff	147	19(29)	50(71)	23(35)	07(11)	01(01)

The majority of staff teaching infants and toddlers in the District is African American. Project and center directors reported that 65% of directors, 73% of lead teachers, 76% of assistant teachers and 56% of other teaching staff were Black/African American. The second highest race/ ethnicity category was White/European American for directors (23%), lead teachers (9%), and other teaching staff (20%). For assistant teachers, the second highest category was Hispanic/Latino (13%).

Number and Percentage of Infant/Toddler Staff by Race/Ethnicity Category

Staff Position	n	RACE/ETHNICITY CATEGORY						
		American Indian/ Alaskan Native % (n)	Asian % (n)	Black/ African American % (n)	Hispanic / Latino % (n)	Native Hawaiian/ Pacific Islander % (n)	White/ European American % (n)	Other % (n)
Director	165	00(01)	00(01)	65(110)	05(07)	00(00)	23(37)	06(09)
Lead Teacher	422	00(00)	05(18)	73(308)	08(32)	01(03)	09(39)	05(22)
Assistant Teacher	406	00(00)	01(05)	76(310)	13(53)	00(00)	04(14)	06(24)
Other Teaching Staff	159	00(00)	04(05)	56(88)	16(26)	01(01)	20(33)	04(06)

Note: Row percentages may not sum to 100 due to rounding

Recommendations

- **Ensure continuous training and professional development on the delivery of Personal Care Routines across sites and the development of a standard of care manual for infant and toddler child care providers.** The provision of high- quality personal care responds to a young child's most basic needs. If their personal care and dietary needs are not being tended to appropriately, they will suffer in multiple ways. All staff should be reminded of guidelines for hygiene regarding toileting, diapering and providing meals and snacks, and this should be an area that is more frequently monitored to ensure site compliance.
- **Pay a professional wage and benefits.** Some classroom staff members make less than they would working in a fast food chain or retail store as a clerk. To increase the quality of early care and education, we must pay people a living wage not only to retain but also to attract new people into the field. Even classroom staff members who have bachelor's degrees do not earn enough to make ends meet in the District of Columbia. What's more, many of the people caring for our children do not have the benefit of employer-provided health insurance—and most likely are not insured.
- **Increase education and training.** The infant and toddler population has very specific developmental needs. Given that the majority of classroom staff members hold degrees and credentials in areas other than infant toddler education, they need specific knowledge of early brain development and the interconnectedness of the physical, social-emotional, and language development of infants and toddlers.
- **Actively recruit for diversity of classroom staff.** Children should be exposed to a range of caregivers who represent the multiple ethnicities and cultures throughout the District of Columbia. Additionally, attention should be given to recruitment and training of male care givers at the infant and toddler levels.
- **Level the playing field in quality among the lower-income and higher income Wards and the tiered reimbursement program** by implementing a continuous improvement process.

Conclusion

The District of Columbia is a city at risk. During the time of life when quality care and education are most vital for maximizing positive child outcomes, the District is at-risk of providing minimal care. How can we even categorize ourselves as a world-class city when our infants and toddlers—the most precious and vulnerable of our residents—are being provided with limited care and education? The truth is we can't. As a city of people who care about its children, we must place high-quality care for infants and toddlers at the top of our public policy and action agenda.

Both aspects of this study highlight the importance of support for birth-to-three practices and procedures that would help to improve program quality and would address workforce development needs. Findings also emphasize the need for more studies that examine the impact of interventions designed to improve the quality of early care and education for infants and toddlers as well as their care providers.



Appendices

- A. Number of Schools by Ward and Category
- B. Infant/Toddler Environment Rating Scale – Revised (ITERS-R)

Appendix A

Number of Schools by Ward and Category (n=113)

WARD	SITES OBSERVED (n)	TIER (n)				CATEGORY (n)		
		GOLD	SILVER	BRONZE	Private Programs	ELL	SN	EHS
1	14	9	2	3	-	12	6	1
2	24	5	2	2	15	9	9	3
3	4	-	-	-	4	-	1	-
4	17	6	3	5	3	8	3	1
5	12	3	1	5	3	4	3	-
6	13	4	2	4	3	2	3	1
7	9	1	3	5	-	-	-	-
8	20	7	3	7	3	1	1	-
Total	113	34	16	31	31	36	26	6

Appendix B

Description of Infant/Toddler Environment Rating Scale–Revised (ITERS-R)

Space and Furnishings – Measures indoor space; gross motor space and equipment; furniture for routine care, play and learning, relaxation and comfort; room arrangement for play; and space for privacy.

1. **Indoor space** - Ample indoor space that allows children and adults to move around freely; good ventilation and natural lighting are provided; floors, walls and other built-in surfaces are made of easy-to-clean materials.
2. **Furniture for routine care, play and learning** - Most furniture is child-sized, sturdy and in good repair; furniture promotes self-help as children are ready (Ex. steps near sink; special chair for child with physical disability); diapering supplies near diapering table.
3. **Provision for relaxation and comfort** - Cozy area is accessible to children for a substantial portion of the day; area is not used for active physical play; non-mobile infants placed in cozy area when appropriate; soft furnishings are clean and in good repair.
4. **Room arrangement**-Traffic patterns do not interfere with activities; areas for quiet and active play are separated; arrangement of room makes it possible for staff to see all children at a glance.
5. **Display for children** – Many colorful, simple pictures, posters and photographs displayed throughout the room; many items displayed where children can easily see them, some within easy reach; new materials added or display changed at least monthly; art work done by toddlers displayed.

Personal Care Routines – Scores consist of greeting and departing efficiency, meal/snack preparation, nap/rest routines, toileting/diapering processes, and health and safety practices.

6. **Greeting/departing** – Staff greet each child and parent and provide a pleasant organized departure; written record of infant’s daily feeding, diapering, and naps available for parents to see; staff talks to parents about specific things their child did during the day.
7. **Meals/snacks**-Staff sit with children and use the time to encourage learning (Ex. name the foods, develop self-help skills); basic sanitary procedures practices with only a few lapses; pleasant social atmosphere; dietary restrictions of families followed.
8. **Nap/rest**- This is personalized (Ex. cot is placed in the same place, familiar practices); activities provided for children who are not sleeping; children helped to relax, space is conducive to resting, (dim light); all cots or mats are at least three feet apart or separated by a solid barrier.
9. **Diapering/toileting**- Sanitary conditions are easy to maintain; provisions are convenient and accessible; pleasant staff-child interaction encouraged.
10. **Health practices**- Children are dressed properly for conditions both indoors and outdoors; staff are good models of health practices; health- related books and songs are used; individual toothbrushes for toddlers used at least once daily in full-day program; hands of children and staff consistently washed to protect health.
11. **Safety practices**- No safety hazards that could cause serious injury indoors or outdoors; staff anticipate and take action to prevent safety problems; staff explains reasons for safety rules to children.

Listening and Talking – Evaluates major aspects of staff-child communication needed by children from birth to 30 months of age, the use of books and pictures, encouragement of student participation, informal use of language, and use of language to develop reasoning skills.

12. **Helping children understand language**-Staff talk to the children frequently throughout the day during both routines and play; staff talk is meaningful; staff talk about many different topics with the children (Ex. talk about feelings, express child's intentions with words in addition to naming objects and actions); staff takes part in verbal play with children (Ex. repeat infant's sounds, rhyme words in a playful way).
13. **Helping children use language**- Staff generally respond in a timely and positive manner to children's attempts to communicate; staff add words to the actions they take in responding to children throughout the day (Ex. "I'm changing your diaper. Now you are all dry! Doesn't that feel better?"); staff ask children simple questions; staff maintain a good balance between listening and talking.
14. **Using books**- At least 12 appropriate infant/toddler books (but no less than two for each child in the group) are accessible daily for much of the day; books are added or changed to maintain interest; book area set up for toddlers to use independently.

Activities - Measures efficiency of fine motor, art, music/movement, blocks, dramatic play, math/number, nature/science, sand and water play, promoting acceptance of diversity, use of TV, video, and/or computer use, and active physical play.

15. **Fine motor**- Materials are well organized (Ex. similar toys stored together); many varied appropriate fine motor materials are accessible for much of the day; materials of different levels of difficulty are accessible.
16. **Active physical play**-Easily accessible outdoor area where infants/toddlers are separated from older children is used at least one hour daily year-round, except in very bad weather; materials used daily stimulate a variety of large muscle skills (Ex. crawling, walking, balancing, climbing).
17. **Art**-Individual expression is encouraged; staff facilitate appropriate use of materials; a variety of materials is introduced as children are ready (Ex. crayons and watercolor markers for the youngest children; paints, play dough added for older toddlers and twos); staff supervise access to materials based on children's abilities.
18. **Music and movement**-Many pleasant sounding musical toys and instruments are accessible daily, for much of the day; staff encourages children to dance, clap or sing along; various types of music used from various cultures and genres.
19. **Blocks**-At least three sets (10 or more blocks per set) of different types are accessible daily for much of the day; blocks and accessories sorted by type; space for toddler's block play is out of traffic and has a steady surface.
20. **Dramatic Play**- Props provided to represent diversity; staff pretend with children in play; some child-sized play furniture provided for toddlers (Ex. small sink or stove, baby stroller, shopping cart), materials organized by type.
21. **Sand and water play**-Sand or water play provided daily; different activities done with sand or water; variety of toys used for sand/water play.
22. **Nature/science**- Outdoor experiences with nature provided at least two times a week (Ex. infants placed on blanket on grass, toddlers explore flowers and trees); staff show interest in and respect for nature; nature/science materials are well-organized.

23. **Use of TV, video, and/or computer-** Most of the materials encourage active involvement (Ex. children can dance, sing or exercise to video; computer software interest children); staff are actively involved in use of TV, video, or computer; many alternative activities accessible for free choice while TV/video/computer is used; materials limited to those that are age-appropriate.
24. **Promoting acceptance of diversity-**Many books, pictures, and materials showing diversity, dolls representing at least three races are accessible; non-sexist images in pictures or books are accessible to children; cultural awareness is shown in a variety of activities (Ex. various types of music, customs and ethnic foods).

Interaction – Examines the attention and guidance given to children by the staff during all play and learning times; staff must be able to see, hear and reach children and actively attend to them appropriately.

25. **Supervision of play and learning** – Staff react quickly to solve problems in a comforting and supportive way; staff demonstrates awareness of the whole group even while working with one child or a small group; supervision is individualized (Ex. closer supervision of child with greater needs—infant moved to avoid boredom).
26. **Peer interaction** – Staff facilitate positive peer interactions among all children; staff model positive social interaction; staff point out and talk about instances of positive social interaction among children or between adults and children.
27. **Staff-child interaction** – Much holding, patting, and physical warmth shown throughout the day; interaction is responsive to each child's mood and needs; staff are sensitive about children's feelings and reactions.
28. **Discipline-**Staff help children learn to use communication rather than aggression to solve problems; positive methods of discipline used effectively, staff reacts consistently to children's behavior.

Program Structure - Measures schedule, group and free play time, and provisions for children with disabilities.

29. **Schedule** - Schedule has a balance of structured and flexible activities throughout the day; play activities occur every day and for a substantial portion of the day, and no long periods of waiting occur during transition time.
30. **Free play** - Free play occurs for much of the day, both indoors and outdoors, weather permitting; supervision is provided during free play; there are various amounts of toys, games, and equipment provided.
31. **Group play activities** – Size of group is appropriate for age and ability of children; staff meet the needs of individual children to encourage participation; group activities are set up to maximize children's success.
32. **Provisions for children with disabilities** – Staff follow through with activities and interactions recommended by other professionals; evidence of modifications made to schedules, environment, activities and programs for disabled children.

Parents and Staff - Measures provisions for parents, provisions for both personal and professional needs of staff, staff interaction and cooperation, supervision and evaluation of staff and opportunities for professional growth.

- 33. **Provisions for parents** - Evidence (observed/interviews) of various ways to encourage parent involvement; sharing of child-related information between parents and staff; and variety of ways to encourage family involvement in children's program used.
- 34. **Provisions for personal needs of staff** - Evidence (observed/interviews) of a separate space or office space used for breaks, lounging and storage of personal belongings.
- 35. **Provisions for professional needs of staff** - Evidence (observed/interviews) of a separate space or office space used for storage, administration, and conferences/group meetings.
- 36. **Staff Interactions and cooperation** - Evidence of positive interactions between staff members, shared responsibilities in the classroom, and clearly communicated information related to children is used.
- 37. **Staff continuity** - Children should remain with one staff member and the same group for at least a year; a small group of children is primarily cared for by one designated staff member; and orientation to a new group or staff member occurs gradually.
- 38. **Supervision and evaluation of staff** - Evidence (observed/interviews) of yearly observations and yearly staff evaluations reviewed with staff members and follow-up actions to improve/maintain performance of staff members.
- 39. **Opportunities for professional growth** - Evidence (observed/interviews) of orientation for new staff, in-service training, monthly staff meetings, workshops, and proper professional resources on site for staff is available.

References

NICHD Early Child Care Research Network (1996). Characteristics of infant child care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly*, 11(3), 269-306.

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1834 11th Street, NW
Washington, DC 20001
202-986-1716